

Privacy Complaint Form

I _____ Here by register a Privacy related Complaint to the HIPAA compliance Officer. Under federal law 104-191, also known as HIPAA, I am entitled to register such a Complaint in writing to my healthcare provider.

Policies and Limitations on Privacy—related Complaints

- ☐ We value your trust and confidence in us as your healthcare provider. Therefore we ask that you file a Complaint directly with us first, and give us the opportunity to resolve the issue or problem promptly. We will investigate and act on your Complaint promptly.
- ☐ Federal law also gives you the right to file a Privacy-related Complaint with the Secretary of the US Department of Health and Human Services (DHHS) in Washington, DC. You may file such a Complaint either by telephone or in writing.
- ☐ Under federal law and our own Policies, there will be no retaliation against you for filing a Complaint
- ☐ To be valid, Complaints must be filed within 180 days of when the privacy-related violation occurred. Only the Secretary of the US Department of Health and Human Services can waive this time requirement.

Please describe your complaint below or attach a separate page(s) to describe you complaint:

Patient Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Signature of Patient or personal Representative: _____

Date: _____

Description of Personal Representative's Authority: _____

Phone Number: _____